No.	Î	8	=	7	7	5	Q

IN THE		
SUPREME COURT OF THE	UNITED STATES	FILED MOV 20 2018
Mary Cummins	— PETITIONER	OFFICE OF THE CLERK SUPREME COURT, U.S.
VS.		
Amanda Lollar, Bat World Sanctuary	.— RESPONDENT(S)	
MOTION FOR LEAVE TO PROCEE	D IN FORMA PAUPE	'RIS
The petitioner asks leave to file the attac without prepayment of costs and to proceed $in\ f$	_	t of certiorari
Please check the appropriate boxes:		
☐ Petitioner has previously been granted lethe following court(s):	eave to proceed in form	na pauperis in
352nd District Court of Texas, County Court 3 of Tarrant	County Texas, Second Court	of Appeals of Texas,
Seventh Court of Appeals of Texas		
\Box Petitioner has not previously been g pauperis in any other court.	ranted leave to proce	eed in forma
☑ Petitioner's affidavit or declaration in sup	port of this motion is at	tached hereto.
\Box Petitioner's affidavit or declaration is n appointed counsel in the current proceeding, and		e court below
\square The appointment was made under the f	following provision of la	ıw: , or
☐ a copy of the order of appointment is app	ended.	

NOV 2 6 2018

18-7758

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, Mary Cummins	, am the petitioner in the above-entitled case.	In support of
my motion to proceed in forma	pauperis, I state that because of my poverty I am	unable to pay
the costs of this case or to give	security therefor; and I believe I am entitled to red	lress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly a the past 12 months		Amount exp	
	You	Spouse	You	OFFICE OF THE CLER Spouse LE COURT, U.S.
Employment	\$ <u>600</u>	\$ No spouse	\$ 600	\$ No spouse
Self-employment	\$	_ \$	\$	_ \$
Income from real prop (such as rental incom			\$	
Interest and dividends	\$	\$	\$	_ \$
Gifts	\$	_ \$	\$	_ \$ <u></u>
Alimony	\$	_ \$	\$	_ \$
Child Support	\$	_ \$	\$	_ \$
Retirement (such as s security, pensions, annuities, insurance)	social \$	\$	\$	_ \$
Disability (such as soc security, insurance pa	,	\$	\$	\$
Unemployment payme	ents \$/	_ \$	\$	_ \$
Public-assistance (such as welfare)	\$		\$	_ \$
Other (specify):	\$	_ \$	\$	\$
Total monthly i	income: \$ <u>600</u>	_ \$_/	\$_600	\$

Employer	Address	Dates of Employment	Gross monthly pay
Self - RE Appraiser 64	45 W 9th St #110-140 LA	CA 90015 1983 to present	\$No salary. Bus profi \$ \$
	se's employment histo pay is before taxes or	ory for the past two years, other deductions.)	
Employer	Address	Dates of Employment	Gross monthly pay
			\$ \$
			\$
institution. Type of account (e.	a checking or saving	se have? \$spouse have in bank accounts) Amount you have \$\$	Amount vour spouse has
institution. Type of account (e.	a checking or saving		Amount vour spouse has
institution. Type of account (e. No bank accounts 6. List the assets,	g., checking or saving	s) Amount vou have	Amount your spouse has
institution. Type of account (e. No bank accounts 5. List the assets,	g., checking or saving	s) Amount you have (1) (2) (3) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Amount your spouse has
institution. Type of account (e. No bank accounts 6. List the assets, and ordinary hor	g., checking or saving and their values, who	s) Amount you have \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Amount your spouse has
institution. Type of account (e. No bank accounts 5. List the assets, and ordinary hor Home Value Motor Vehicle #1	and their values, who usehold furnishings.	Amount you have \$\$ \$\$ \$\$ ich you own or your spouse Other real estate Value Motor Vehicle #2	Amount your spouse has
institution. Type of account (e.	a checking or saving	s) Amount vou have	Amount vour spouse ha
institution. Type of account (e. No bank accounts 5. List the assets, and ordinary hor Home Value	and their values, who usehold furnishings.	s) Amount you have \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount your spouse has

6. State every person, k amount owed.	ousiness, or organization of	owing you or your spe	ouse money, and the
Person owing you or your spouse money	Amount owed to y	ou Amount o	wed to your spouse
No one	\$	\$	
`	\$	\$	
	\$	\$	
7. State the persons who instead of names (e.g. '	rely on you or your spouse 'J.S." instead of "John Smit	for support. For mino	r children, list initials
Name None	Relationship	, A	ge
	nonthly expenses of you an Adjust any payments the nonthly rate.		
Rent or home-mortgage processes and control of the	bile home)	\$ 0 staying w/ friends	\$
Is property insurance in			
Utilities (electricity, heati water, sewer, and telepho		\$ <u>0 staying w/ frien</u> ds	\$
Home maintenance (repai	rs and upkeep)	\$_ 0	\$
Food		\$_200	\$
Clothing		\$ 50	\$
Laundry and dry-cleaning	ŗ	\$ <u>20</u>	\$
Medical and dental expen	202	\$200	e \

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 50	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortg	gage payments)	
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	\$	\$
Motor Vehicle	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage	payments)	
(specify):	\$	\$
Installment payments		
Motor Vehicle	\$	\$
Credit card(s)	\$	\$
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement) \$1,200/mo bus gross - \$600 bus exp = \$600/mo net income	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$ <u>520</u>	\$
		\

9.	Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
	☐ Yes ☐ No If yes, describe on an attached sheet.
10.	Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No
	If yes, how much?
	If yes, state the attorney's name, address, and telephone number:
11.	Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?
	☐ Yes
	If yes, how much?
If y	yes, state the person's name, address, and telephone number:
12.	Provide any other information that will help explain why you cannot pay the costs of this case.
Ιd	eclare under penalty of perjury that the foregoing is true and correct.
Ex	ecuted on: 11/19/2018 , 20_18
	Mary Cummins